

CNA RENEWAL INSTRUCTIONS

RENEWAL SCHEDULE: Certified Nursing Assistant's (CNA's) are required to renew nursing assistant certification every 2 years on the CNA's birth date. It is the responsibility of the CNA to keep her/his address current with the Board. Applicants must have worked, doing nurse assistant, for a minimum of 160 hours within the past 2 years.

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1646(B), the Board shall revoke a Nursing Assistant Certification if the applicant for recertification has one or more felony convictions that have not previously been disclosed to the Board and the applicant has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application for recertification. If you have been convicted of a felony since the date you were last recertified, your application will not be processed, and proceedings for revocation of your nursing assistant certification shall be instituted by the Board. Any fees submitted will not be refunded.

FEES:

- All fees can be paid by money order or personal check and made payable to the Arizona State Board of Nursing
- **ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS**
- **Document Fee:** The CNA document (a wallet size, pink colored paper certificate) is **OPTIONAL**. If you request an optional document, the fee is **\$25.00**. The document will **only** be issued when requested and when the applicable fee is received. (See selection box on renewal form.) **IF FEE IS NOT INCLUDED, THE BOARD WILL ASSUME YOU DID NOT REQUEST A DOCUMENT.**
- **If your renewal is late**, all fees submitted will be applied to the late fee before they can be applied to the document fee.
- **Late Fee:** A ten-dollar (\$10.00) late fee **per year** will be charged for late renewals, if it is postmarked after midnight, the last day of your birth month. If you also want a CNA document (wallet size gold colored certificate), the **DOCUMENT FEE must be included** with the Late Fee(s).
- All renewals that are returned to the Board because of an incorrect address will be fined \$5.00.
- **ALL FEES ARE NON REFUNDABLE.** There is a \$50.00 fee for all checks returned for insufficient funds.

TIME FRAMES FOR CERTIFICATION: For the purposes of these time frames, the Board is required to process applications for nursing assistant certification and recertification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: This is a request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAMES

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
CNA Renewal (WITHOUT INVESTIGATION)	R4-19-809	120 days	30 days	270 days	90 days	150 days
CNA Renewal (WITH INVESTIGATION)	R4-19-809	270 days	30 days	270 days	240 days	150 days

For more information, regarding the time frames for nursing assistant recertification, consult A.A.C. RC-19-102. For assistance with the application process, contact **Rhonda Rogers at (602) 889-5188**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in nursing assistant recertification, you must submit a new application and applicable fees.

To obtain an application for
CNA RENEWAL
go to our Website and download an application.
www.azbn.gov

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: arizona@azbn.gov



CNA Renewal Applicant

SAVE YOURSELF TIME
AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

- ☐ Your application is in black ink
- ☐ You entered name changes: Complete the second section on page 1 only if you changed your name
- ☐ **If your name changed, please include a “**copy**” of an official document showing your **previous** name (i.e. birth certificate, social security card, diploma from school and a “**copy**” of an official document showing your **new** name (i.e. marriage license, divorce decree, driver’s license, social security card)**
- ☐ \$25 **Optional Renewal fee** (if you want the wallet-size pink colored paper certificate)
- ☐ \$10 **Late fee** per year, if you have worked as a CNA on an expired certificate.
- ☐ \$5 **Fee** for an address change that you have **not reported** within 30 days.
- ☐ You signed & enclosed a check pre-printed with your name & address or money order for the correct fee.
- ☐ You answered ALL QUESTIONS.
- ☐ You signed the application.

Read the instructions for more details on these reminders.

Thank you!

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		

Janet Napolitano
Governor



Joey Ridenour
Executive Director

ARIZONA STATE BOARD OF NURSING

4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653

Phone (602) 889-5150 Fax (602) 889-5155

E-mail: Arizona@azbn.gov

Website: <http://www.azbn.gov>

TO: All persons renewing late or who have been working on an expired nursing assistant certificate

FROM: Joey Ridenour, RN, MN, Executive Director

SUBJECT: **POSSIBILITY OF WORKING ON AN EXPIRED CERTIFICATE**

You recently submitted your renewal application for your Certified Nursing Assistant certificate. A review of your application indicates you may have worked on an expired certificate. According to A.R.S. § 32-1649, "only a person who is currently certified by the Board to practice as a nursing assistant shall use the title certified nursing assistant and the abbreviation CNA."

The Invalid Certificate Questionnaire must be completed and returned with your application for renewal. If it is found that you inadvertently or otherwise worked on an expired certificate, the Board may order me to offer you a consent agreement for an administrative penalty in addition to the late renewal fee. The schedule of the penalty fee is below. The Board has discretion to the fine based on individual facts.

In filling out the Invalid Certificate Questionnaire, you are asked whether or not you worked in a position requiring a CNA certificate during the time your certificate was expired. If you have any doubt, please refer to your original job description to verify educational and certificate requirements.

In marking "NO," please be aware that job descriptions and time card records will be subpoenaed as deemed necessary.

If you have any further questions or concerns, please contact Vicky Driver, Administrative Assistant, at 602-889-5162.

No. of Months Uncertified	Amount of Administrative Fine 1 st Offense	Amount of Administrative Fine 2 nd Offense	Referral of Employer to DHS
1		\$500.00	NO
2	\$50.00	1000.00	NO
3	75.00	1000.00	YES
4	100.00	1000.00	YES
5	150.00	1000.00	YES
6	200.00	1000.00	YES
7	250.00	1000.00	YES
8	300.00	1000.00	YES
9	350.00	1000.00	YES
10	400.00	1000.00	YES
11	450.00	1000.00	YES
12	500.00	1000.00	YES
13 or more	1000.00	1000.00	YES

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Joey Ridenour
Executive Director

Arizona State Board of Nursing

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Website: www.azbn.gov

**COMPLETE THIS FORM IF YOUR CNA CERTIFICATE
HAS EXPIRED AND YOU ARE RENEWING.**

INVALID CERTIFICATE QUESTIONNAIRE

1. Certificate # _____

2. Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Current Address: _____

4. Telephone: (_____) _____ Social Security #: _____

5. Did you work as a certified nursing assistant **in Arizona** (on your Arizona certificate) while your Arizona certificate was lapsed or inactive?

****(If your job description requires you to be certificated, or if you present yourself to the public as a certified nursing assistant in any way at your place of employment, **you are working as a certified nursing assistant**, even if your job does not include any direct "hands-on care.")****

☐ **NO** (Attach a letter from your supervisor stating you did not work in a position requiring certification during the lapse period.)

☐ **YES** If yes, where did you work while your certificate was expired or inactive? _____

Employer: _____ Employer Phone #: _____

Address: _____

Supervisor's Name: _____ Title: _____

Supervisor's Phone #: _____

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE



ARIZONA STATE BOARD OF NURSING
RENEWAL APPLICATION FOR
CERTIFIED NURSING ASSISTANT

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

FEES: Renewal Fee --- \$.00
 Certificate Fee --- \$25.00 (optional)
 Late Fee --- \$10.00 per year

☐ Certificate Requested
☐ Not Requested

EXPIRATION DATE: - -

CERTIFICATE NUMBER: C N A

APPLICANT'S LEGAL NAME (the name you are currently certified with)

Last Name

First Name

M.I.

1. SOCIAL SECURITY NUMBER

- -

BIRTH DATE (month-day-year)

- -

SEX (optional)

Male Female

☐ ☐

BIRTH CITY

STATE

COUNTRY (example USA)

2. DO YOU HAVE A NEW NAME?

☐ No

☐ Yes

If yes, fill in your new name. **(Documentation is required)**

Last Name

First Name

M.I.

3. HOME ADDRESS

Street Address Line 1

Street Address Line 2

County of Residence

City

State

Zip Code

Country (example USA)

4. MAILING ADDRESS (OPTIONAL)

☐ Same Information As Section 3

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Country (example USA)

5. HOME PHONE

() -

CELL PHONE

() -







DISCIPLINARY QUESTIONS

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

1. Since your certificate was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation and court documents for each conviction, conviction date and sentence.

3. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certifications you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE
PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION



The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

CNRC

**RETURN TO: ARIZONA STATE BOARD OF NURSING
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
(602) 889-5150**

